## LLC-1

## **Articles of Organization** of a Limited Liability Company (LLC)

201421710145

To form a limited liability company in California, you can fill out this form. and submit for filing along with:

- A \$70 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: Before submitting the completed form, you should consult with a

Secretary of State State of California

AUG 0 1 2014

100

private attorney for advice about your specific business needs.		This Spac	This Space For Office Use Only	
For questions	about this form, go to www.sos.ca	a.gov/business/be/filing-tip	os.htm.	
LLC Name (List the proposed LLC na	ame exactly as it is to appear on the record	ls of the California Secretary o	f State.)	
Aer Designs LLC			·	
Proposed LLC Name Purpose	The name must include: LLC, L. Liability Co. or Ltd. Liability Compainc. corporation, or corp., insure requirements and restrictions, go to	any; and may not include: bank, rer, or insurance company.	trust, trustee, incorporated, For general entity name	
, , , .	liability company is to engage in an dunder the California Revised Unifor			
LC Addresses				
3 a 100 Donoso Piz		Union City	CA 94587	
Initial Street Address of Design	gnated Office in CA - Do not list a P.O. Box	City (no abbreviations)	State Zip	
b. Initial Mailing Address of LLC	, if different from 3e	City (no abbreviations)	State Zip	
Agent's Name	PRATE SERVICES INC.			
b	ent is not a corporation) - Do not list a P.O. B	<u> </u>	CA	
Agent's Street Address (if age	ent is <b>not</b> a corporation) - Do not list a P.O. B	Box City (no abbreviations)	State Zip	
Management (Check only one.)				
The LLC will be managed b	y:			
One Manager	More Than One Manager	All Limited Liability Co	mpany Member(s)	
This form must be signed by each org paper (8 1/2" x 11"). All attachments a	anizer. If you need more space, attach e me made part of these articles of organizati	extra pages that are 1-sided a ion.	nd on standard letter-sized	
, of the	yoochul chon	g		
Organizer - Sign/here	Print your name	here	-	
Make check/money order payable to: Se	cretary of State	By Mail	Drop-Off	
Ipon filing, we will return one (1) uncerti locument for free, and will certify the cop payment of a \$5 certification fee	py upon request and Business Entiti	tary of State ies, P.O. Box 944228 o. CA 94244-2280	Secretary of State 1500 11th Street., 3rd Floo Secremento, CA 95814	